

CERTIFICATE AMENDED * ITEM #2- FIRST NAME AMENDED BY AFFIDAVIT, AND BIRTH RECORD OF CHILD #49-004415
ARIZONA STATE BOARD OF HEALTH (6-1-92Am)

SEE NOTATION *
PLACE OF BIRTH

1. County of Dila
 District of Live Oak
 Town of Miami
 or
 City of K-31 Live Oak Canyon St. ALICE Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Lina Maria Rocha { If child is not yet named, make supplemental report, as directed.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 216
 County Registrar No. 20
 Local Registrar No. 24

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other
 5. No., in order of birth.
 6. Legitimate? yes
 7. Date of birth January 24, 1925
 Month Day Year

8. **FATHER**
 Full name Fidel Rocha

14. **MOTHER**
 Full maiden name Josefa Licans

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 30 (Years)

16. Color or race Mexican
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Morenci, Arizona
 (State or country)

13. Occupation motorman
 Nature of Industry Copper mine

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. J. Fowler
 (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report
 Month, day, year
 Registrar
 Filed Jan 25, 1925
 Nelson D. Brayton
 Local Registrar.
 Filed 2/9, 1925
 E. E. Wythe
 County Registrar.

191-124-136

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.
 order of birth stated.